

**A. MISSISSIPPI'S J-1 VISA WAIVER PROGRAMS SITE - PREDETERMINATION APPLICATION**

Current HPSA Designation (county, service area, poverty) \_\_\_\_\_

Applying For:      ☐ USDA      ☐ ARC      ☐ STATE 20Type Of Practice:    ☐ public      ☐ private, non-profit      ☐ private, for profit

Name and Address of Practice Site:	Name and Address of Sponsoring Agency (if different from Practice Site):
List Current Staffing Of Practice Site:	List Each Position That You Will Potentially Need To Fill With a J-1 Visa Holder:  <div style="display: flex; justify-content: space-between;"> <span><u>Specialty</u></span> <span><u>Approximate Date Needed</u></span> </div>
Name, Title and Telephone No. Of Contact Person:	Is prospective foreign-trained provider more than 210 days "out-of-status" with INS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Specialty of Prospective Provider:	Provide a copy of their resume, include board certification information and immigration status (all IAP-66 forms, etc.); and tentative employment contract.

**ASSURANCES***Must be initialed by CEO or Appropriate Agency Representative*

- \_\_\_ A. We accept all patients regardless of their ability to pay. \*Provide written adopted and dated organizational policy.
- \_\_\_ B. We implement a schedule of discounts or sliding fee scale for patients whose income is under 200% of the federal poverty level.  
A copy of the sliding fee schedule is posted in a conspicuous place in the waiting area for all patients to see.  
\*Enclose a copy of your sliding fee scale and provide instructions for interpretation. Sliding fee not required for specialist placements.
- \_\_\_ C. We accept Assignments of Medicaid and Medicare Part B. \*Enclose Verification from Medicaid and Medicare.
- \_\_\_ D. We provide a service continuum that includes comprehensive primary and/or mental health care. \*Enclose Brief Documentation.
- \_\_\_ E. We provide appropriate arrangements for secondary, tertiary and after-hours care. \*Enclose Brief Documentation.
- \_\_\_ F. Funds are currently available to support identified position(s), including support personnel.  
*(Salary must be comparable to U.S. physicians in the geographical area.)*
- \_\_\_ G. Attempts to recruit an American citizen for the position(s) listed have failed to date but remain ongoing.  
\* Enclose Brief Documentation or evidence of recruitment efforts during the six-month period preceding the date of this application, i.e. recruitment ads from newspapers, national publications (required), medical school contacts, etc.

**REQUIREMENT \****Must be as detailed as possible, with appropriate justification and documentation*

1. Provide a description of the unmet need in the community; any access barriers which are unique to the site's service area; and how the foreign provider will satisfy and reduce the unmet need. (Note: Pediatric, specialists and obstetrical requests should be specific to that population.)
2. Describe the current health care resources in the area, i.e., primary care clinics, hospitals, number of full-time equivalent primary care physicians by name and specialty and number of hours available to patients. This information is vital in determining FTE providers.
3. Provide support letters from the majority of the local practicing physicians, area hospital administrator(s) and community leaders.
4. In addition to items 1 and 2 above, for those seeking placements of SPECIALISTS, support letters from the majority of the local or referring physicians within the service area and specific to the practice specialty must be provided. Please review the attached Guidelines.
5. In addition to items 1, 2 and 3, if applicable, for new NON-HOSPITAL EMPLOYER APPLICANTS, submit substantial evidence of the need in the community for an additional provider; provide audited or personal financial statement documenting viability of the employing entity; provide statement as to the size and nature of current practice and how the J-1 physician will be utilized (e.g. J-1 will replace retiring or departing physician); and provide evidence of public service rendered by the employing entity (percentage of practice spent serving Medicaid, Medicare and/or indigent patients, respectively).

I certify that to the best of my knowledge and belief, all data provided in this application and on the attached pages are true and correct.

Chief Executive Officer Or Agency Representative (Signature): \_\_\_\_\_ Date \_\_\_\_\_

